

National Influenza Center
National Public Health Laboratory
Ministry of Health, Nepal

Name of Sentinel Site: _____

S.N. _____

Influenza-like Illness (ILI) Case Summary Form
National Influenza Surveillance Network, Nepal

Section I (To be filled by clinician before specimen collection)

Hospital No: _____ **Date of visit (YYYY/MM/DD):** ___/___/___

Name of Department: Pediatric _____ Adult _____ General _____ Other _____

Patient's Name: _____

Date of Birth (YYYY/MM/DD): ___/___/___ **Age:** Year ___ Months ___

Sex: Male Female (If Female - **Pregnancy:** Yes No)

Address: District: _____ **Municipality/ VDC:** _____ **Phone number:** _____

Is this address Permanent (more than 6 months) Temporary (less than 6 months)

ILI Definition: *An acute respiratory infection with history of fever or measured fever $\geq 38^{\circ}\text{C}$, AND cough AND/OR sore throat with onset within the last 10 days.*

Clinical Symptoms:

Fever Yes No If Yes, History of Fever Measured Temp : ___°F

Cough Yes No

Sore throat Yes No

Date of onset of symptoms (YYYY/MM/DD): ___/___/___

Travel outside Nepal in last 2 weeks: Yes No If yes, Where _____

Prepared by (Name): _____

Section 2: Laboratory Specimen

Specimen Type: Throat swab Nasal swab Nasopharyngeal Swab Other _____

Need for oxygen therapy Admission to ICU Intubation Other (specify) _____

Date of Specimen collection (YYYY/MM/DD): ___/___/___ **Specimen Collected By (name):** _____

Section 3: For Surveillance Staff Only

NIC No. _____

Test Result : Negative Positive Influenza A / Sub type _____ Influenza B

Other _____

National Influenza Center
National Public Health Laboratory
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Name of Sentinel Site: _____

S.N. _____

Severe Acute Respiratory Illness (SARI) Case Summary Form
National Influenza Surveillance Network, Nepal

Section I (To be filled by clinician before specimen collection)

Hospital No: _____ **Date of Admission (YYYY/MM/DD):** ___/___/___

Ward: Medical Ward ICU Step Down Pediatric Ward PICU

Patient's Name: _____

Date of Birth (YYYY/MM/DD): ___/___/___ **Age:** Year ___ Months ___

Sex: Male Female (If Female - Pregnancy: Yes No)

Address: District: _____ **Municipality/ VDC:** _____ **Phone number:** _____

Is this address Permanent (more than 6 months) Temporary (less than 6 months)

SARI Definition: *An acute respiratory infection with history of fever or measured fever $\geq 38^{\circ}\text{C}$, AND cough AND/OR sore throat with onset within the last 10 days AND admitted to hospital.*

Clinical Symptoms:

Fever Yes No If Yes, History of Fever Measured Temp : ___°F

Cough Yes No

Sore throat Yes No

Breathing difficulty/ Yes No

or shortness of breath Other: _____

Date of onset of symptoms (YYYY/MM/DD): ___/___/___

Travel outside Nepal in last 2 weeks: Yes No If yes, Where _____

Co-morbidity or underlying conditions:

Chronic Respiratory Disease Yes No Asthma Yes No

Diabetes Yes No Haematological Disease Yes No

Chronic Cardiac Diseases Yes No Immunodeficiency, including HIV Yes No

Chronic Neurological/neuromuscular Disease Yes No

Other (specify) _____

Hospital stay information:

Need for oxygen therapy Admission to ICU Intubation Other (specify) _____

Prepared by (Name): _____

Section 2: Laboratory Specimen

Specimen Type: Throat swab Nasal swab Nasopharyngeal Swab Other _____

Date Specimen Collection (YYYY/MM/DD): ___/___/___ **Specimen Collected By (name):** _____

Section 2: For Surveillance Staff Only

Outcome: Discharged **Date of Discharge (YYYY/MM/DD):** ___/___/___

Died **Date of Death (YYYY/MM/DD):** ___/___/___